

DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 5490-000266

DECLARATION

As a below named inventor, I hereby declare that:

the specification of which (check one)

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR USE OF A GUIDE WIRE CAPTURING SURGICAL INSTRUMENT

	•
\boxtimes	is attached hereto.
	or

was filed on ____ as Application Serial No. or PCT International Application No. ____ and was amended on ____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)							
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM				
			Yes	No			
			 				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint David Ahlersmeyer, Reg. No. 31,938, of Biomet, Inc.; Stephen J. Foss, Reg. No. 31,251, Richard W. Warner, Reg. No. 38,043, and Christopher A. Eusebi, Reg. No. 44,672 of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

Full name of sole or first inventor: Ryan J. Schoenefeld

Inventor's signature: Brief Schoenefeld

Date: 12-6-2001

Residence: 10425 Lake Tahoe Drive, Fort Wayne, IN 46804

Citizenship: United States of America

Mailing Address: Same as Above

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Apı	olication No).:
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Unknown

Filing Date:

Herewith

Applicant:

Ryan J. Schoenefeld

Group Art Unit:

Unknown

Examiner:

Unknown

Title:

METHOD AND APPARATUS FOR USE OF A

GUIDE WIRE CAPTURING SURGICAL

INSTRUMENT

Attorney Docket:

5490-000266

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

STATEMENT UNDER 37 CFR 3.73(b) AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Under 37 C.F.R. § 3.73(b), the undersigned hereby states that the below-named Assignee is an assignee in the above-identified Application:

Assignee:

Biomet, Inc.

an Indiana corporation Airport Industrial Park Warsaw, Indiana 46580

The documentary evidence of a chain of title from the original owner to the Assignee is provided in the Assignment Document(s):

Reel No.			, Frame No.
	prev	ious	sly filed,
\boxtimes	filed	her	ewith,

ja. A The state of the I hereby declare that all statements made herein of my own knowledge are true, and that

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Hills, Michigan 48303 (248) 641-1600.

The undersigned (whose title is supplied below) is empowered to sign this certificate on

behalf of the assignee.

Date: /2/6/31

Title: Sr. Vice President & General Counsel

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